UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND .					
1 Date of Request: 2/5400 2 Serial/Patent # 10/520410					
3 Please refund the following fee(s):		4 PAP NUM		5 DATE FILED	6 AMOUNT
X	Filing				\$ 200
	Amendment				\$ 212
	Extension of Time			-	\$
	Notice of Appeal/Appeal				\$
	Petition				\$
	Issue				\$
	Cert of Correction/Terminal Disc.				\$
	Maintenance		•		\$
	Assignment				\$
	Other				\$
		7 TOTAL AMOUNT S 300			
		8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check			
\nearrow	Overpayment		C	redit Depo	osit A/C #:
	Duplicate Payment		9		
	No Fee Due (Explanation):				
·					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: Francine Young TITLE: Patent Spe (.					
SIGNATURE: PHONE:					
OFFICE:					
THIS SPACE RESERVED FOR FINANCE USE ONLY:					
APPROVED: Hay Paris DATE: 6-22-06					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B